

## FORM 1 - PROGRAM REQUEST SUMMARY

### INSTRUCTIONS FOR FORM 1 (Not Rated)

- 1-2. Name and address of agency: Provide the name and address of the agency that will implement the proposed program. (Note - all applicants or their fiscal agent must be a public agency or a certified not-for-profit 501c(3) corporation (see Form 9). Indicate if the agency is acting as a fiscal agent, and if so, for whom?
3. Contact person/telephone: Provide the name, title, e-mail address, daytime telephone number and fax number of the person to contact for more information about this application and program request.
4. P/E Priority Population: The list of prioritized populations can be found in Appendix I. Select from any of the four P/E populations. Only programs that clearly address the priority populations will be considered for funding. Check the box of the population.
5. Descriptive Title of This Request: This title should summarize to reviewers what the program will do. It should use descriptive language to summarize who you will reach and by what approaches. For example, the title **Group Intervention for Adolescent Females** more effectively describes the program than does **Young Women's Programs**.
6. Program Type: Place an "X" in the appropriate box to indicate whether this proposed program is new, continues an existing program, or expands on an existing program. Please select your response independently of how the program has been funded previously. Only programs never before funded by your agency should be considered "new."
- 7-8. Total Dollar Amounts: In Box 7, list the dollar amount requested in this application for the entire two-year funding period. In Box 8, list the total dollar amount expected to support the program in 2002 and 2003. The figures given for total program dollars must match the figures on Form 7A&B, line 16, under Total Program Expenses.
9. Authorized Signature: this proposal must be signed by the authorized representative of the applicant agency. Please also include the organization's Federal Tax ID Number.

## FORM 2 - SHARE Intervention Plan Information

### INSTRUCTIONS FOR FORM 2 (Not Rated)

All funded programs will be required to enter data into the Statewide HIV Activity Reporting and Evaluation (SHARE) system, maintained by the Washington State Department of Health. Form 2 provides information for key components of the SHARE intervention plan.

#### **Important notes:**

- If you intend to implement a community-level intervention, you must fill out an intervention plan for each component of your program (e.g., outreach, groups, and media campaign). Also, if your community-level intervention is funded, you will be required to complete data entry on each of these plans.
- During this funding cycle, the Washington State Department of Health will most likely require individual-level interventions and prevention case management programs to enter individual-level data into the SHARE system.

#### **1. Program Title**

This descriptive title should match Form 1, Item 5.

#### **2. Priority Population**

Check the priority population that your program plans to reach. This selection should match Form 1, Item 4.

#### **3. Sub-Population**

In the space provided, indicate the sub-population that your program plans to reach. This sub-population must be among those listed in Appendix I.

#### **4. Behavioral Risk**

In the space provided, indicate the behavior(s) that place your clients at risk for acquiring HIV. The fact a person is homeless, a person of color, young, MSM, IDU, or heterosexual does not in itself make them vulnerable for getting HIV. Risk behaviors may include, for example, unprotected anal intercourse, sharing injection equipment, unprotected vaginal sex, etc.

#### **5. Intervention Type**

In the space provided, indicate the type of intervention that you will implement. To be considered for funding, intervention type must be among those listed for the priority sub-populations in the Prevention Plan (Appendix I). Appendix II contains definitions of intervention types. Choose only one intervention type. **Important note:** If you intend to implement a community-level intervention, you must fill out an intervention plan for each component of your program (e.g., outreach, groups, and media campaign). Also, if your community-level intervention is funded you will be required to complete data entry on each of these plans. You must support your selection of the intervention type in the study/justification section below (Item 6). Also, the service units listed in your Scope of Work (Forms 4A and 4B) must be consistent with the intervention type you have selected.

#### **6. Study Title or Justification for Intervention**

Provide the basis for your intervention. Your entry should be brief but specific. For example, if your intervention is based on a replicable model, program, or study, include the author(s), title, year conducted or published, name of the publication, and page numbers. If your intervention is based on a behavioral theory, please state the theory and why this theory is the foundation for your intervention. In addition to the above, you may also cite epidemiological data showing an increase in HIV your population.

### **7. General Description of Intervention (2500 characters)**

Provide a summary of your intervention. Include enough information so an individual who knows nothing about your program would understand what you are seeking to accomplish. Your description should answer the basic questions listed below. When writing your description, it should be in paragraph form and not short responses to the basic questions.

- 1) What is the goal of your intervention?
- 2) Who is going to conduct the intervention (e.g., peer educators, outreach workers, etc.)?
- 3) What are they going to be teaching?
- 4) If you will be implementing an individual-level intervention, you **must** state which skills you will be trying to build.
- 5) If a group-level intervention, you **must** state the number of sessions, what will be taught during **each** session, and the average size of the group.
- 6) How many contacts do you plan to achieve? In some cases, contacts may be synonymous with people. In other cases, you may have multiple contacts per person, so the number of contacts will be higher than the number of clients you serve.
- 7) Where will the intervention be conducted? Specific settings should be named (i.e. Downtown Drug Treatment Facility).
- 8) When will this intervention be conducted (include hours of operation and days of the week)?

### **8. Program Evaluation (1000 characters)**

Based on your description in Form 3, Part 5, briefly describe how you are going to evaluate the effectiveness of the intervention. How will you know your program is reaching its goals and objectives?

## FORM 3 - PROGRAM NARRATIVE

### INSTRUCTIONS FOR FORM 3 (75 points)

*Limit responses to sections 1 - 5 to twelve (12) pages*

This section of your proposal should detail in narrative form the program activities you intend to carry out. Please refer to Appendix I for a listing of priority populations, interventions and special needs. Your application must address **only ONE of the four priority populations**. The only exception to this rule is if you are **developing one program with one identity that cuts across populations** (for example, a needle exchange program that reaches MSM-IDU and IDU). **All exceptions must be approved in advance**. If you have a program that you believe meets this exception, please call Karen Hartfield or Barb Gamble, at 296-4649 for approval. They will review specific objective criteria to determine if you meet this exception.

Your narrative is limited to 12 pages. The suggested section lengths noted below are guidelines only. You may exceed the recommended length in any section as long as the total length of your narrative does not exceed 12 pages.

#### Points for the Proposed Program will be awarded as follows:

Program Goals, Objectives and Activities	10 points
Program Description and Justification	40 points
Personnel	10 points
Agency Capacity and Experience	5 points
Evaluation	10 points

**Do not assume that reviewers are familiar with even the most successful of your programs. Assume that they will only know about your agency, your clients and your program by what you write.**

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#### 1. Program Goal(s) and Objectives (10 Points)

(Suggested length = 2 pages)

State the goal(s) and objectives for this program. See Glossary, Appendix VIII, for definitions of goals and objectives.

The goals and objectives you outline here should be referenced throughout the rest of the proposal. Program activities should be described in the program description (Section 2 below) and Scope of Work (Forms 4A and 4B). They should directly relate to these goals and objectives. Concrete goals and objectives will also be your guidelines for the evaluation questions that you will develop. If this proposal is for funding of only a portion of the total program described in this proposal, be sure to indicate which overall program goals and objectives are covered within the scope of this request.

<p><b>Criteria for Program Goals and Objectives:</b> Well-defined, highly specific goals and objectives with clear time frames and measurable outcomes.</p>
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## 2. Program Description and Justification (40 points)

(Suggested length = 5 pages)

Write a narrative describing how the overall program proposes to achieve the goals and objectives detailed in Section 1. This description will form the substance of your proposal.

- A. Describe the primary population(s) and subpopulation(s) you will reach (**note: you must address a priority sub-population - see Appendix I**).
- What are their demographic and socioeconomic characteristics (e.g., race, gender, age, geographic location, income levels)? Be specific as to characteristics of your selected sub-population(s). Which characteristics increase the likelihood that your population might acquire or transmit HIV?
  - What specific risk behavior(s) will the program target (be specific: what kinds of sexual and/or substance use behaviors)?
  - What are the primary HIV prevention needs of this sub-population? How do you know what the needs are?
- B. Briefly describe the intervention you have selected (**note: you must propose an intervention listed in the Prevention Plan for your sub-population - see Appendix I**).
- Is the proposed intervention based on an existing program, program model and/or behavioral theory?
  - Is it based on experiences with this sub- population? What are they?
  - Describe the program models, theories or experiences relevant to the proposed intervention.
  - If your intervention is not based on any of the above, why did you choose it to address the priority sub-population needs?
- C. Describe your program in detail
- What are the specific program activities?
  - What are your time frames and expected accomplishments?
  - What risk reduction messages do you plan to give clients?
  - In which geographic and/or community locations (e.g. South End, baths) will the program activities take place?
  - Which of the following elements will your program address: risk education, perceived personal vulnerability, behavior change intentions, self efficacy, outcome efficacy, skills acquisition, reinforcement over time, and/or agreement with social norms? Why have you selected these particular elements? See Appendix III for definitions of these elements.
  - How will your program activities incorporate the elements listed above?
  - Describe the numbers and types of clients to be served.
  - What are the expected outcomes (e.g., increase in knowledge, increased service utilization, behavior changes, etc.)?
  - For programs reaching people who are HIV- or who don't know their serostatus, how will you increase the rate of HIV counseling and testing among your clients (e.g., referral, collaboration with Public Health, etc.)?
  - For programs reaching African-Americans and foreign-born Blacks, describe how your intervention incorporates the findings of the RARE Project (see Appendix XI).
- D. Describe whether and how you plan to collaborate in the delivery of this program. If you are collaborating with another agency: 1) attach a letter of collaboration *from each collaborating agency*

confirming this collaboration and describing the role of each agency 2) describe how the collaboration strengthens your intervention. If you are not collaborating, describe your reasons for conducting the program independently. Please include letters of collaboration from collaborating agencies only; general letters of support from other agencies or individuals are not required and, if submitted, **will not be included** in the review process.

- E. How do the program activities address the prevention/education principles underlying the system (see Appendix V)? If you are not addressing these principles, please state why.
- F. Explain how your program does not replicate any other program in the community in terms of the same sub-population, same geographic region and same intervention strategy. If there is more than one program, explain any similarities and defend the non-duplication of this effort.
- G. Describe the mechanisms in place to assure the program's ability to deliver culturally competent and relevant interventions that are sensitive to the sub- population. How will the sub- population be involved in design and delivery of your program? Be specific about how you will incorporate client input.
- H. **FOR CONTINUATION PROGRAMS ONLY:** Describe your overall progress in meeting your goals and objectives in 2002-03. Describe the population you reached, including numbers and demographic characteristics. Describe your primary successes in implementing the program. Describe the primary barriers. If you were not able to meet your goals and objectives, how have you revised your program to assure success in 2004-05?
- I. **FOR EXPANSION PROGRAMS ONLY:** Describe how this program expands on past activities. How is this program different from last year's program? Why did you see a need to expand the program?

**Criteria for Program Description and Justification:**

- Responsiveness to prioritized sub-population, special needs of that sub-population, and recommended interventions (Appendix I).
- Feasibility of the proposed intervention in terms of program design; implementation; ability to reach sub-population.
- Clarity of program design: program activities are clearly defined and reflect program goals and objectives.
- Realistic time lines and number of activities given the staffing patterns.
- Responsiveness to stated funding principles, general recommendations and basic P/E principles (see Appendix III and V).
- Evidence of programmatic cultural sensitivity including competence in effectively reaching and delivering interventions to the priority sub-population.
- Responsiveness to the special or unique needs of the sub-population.
- Responsiveness to emerging needs in the HIV epidemic.
- Evidence that the program is based on established program models or behavioral science and will reduce new HIV infections within the community.
- Likelihood that program will increase rate of HIV counseling and testing in the sub-population.
- For programs reaching African Americans and foreign-born Blacks, degree to which intervention plan incorporates findings of RARE Project (Appendix XI).
- For existing programs, evidence of successful program delivery.

### 3. Personnel (10 points)

(Suggested length = 2 pages)

- A. Describe and justify the staffing plan for this proposed program given the number of clients served and the intervention implemented.
- B. How does your agency plan to ensure that personnel (staff/volunteers/consultants) with the appropriate background and experience will be hired to fulfill their job responsibilities?
- C. Describe specific efforts the agency has made/will make to recruit, train and retain staff and volunteers who are culturally and linguistically appropriate for serving the sub-population (include any specialized training offered). Highlight successes in these areas.
- D. Describe supervision and oversight of staff funded by this project. Who will supervise staff, how much time is allocated to supervision, and what supervision methods will be used?

#### **Criteria for Personnel:**

- Feasibility of staffing given the number of clients to be served
- Adequate program direction and supervision
- Evidence that staffing is appropriate and consistent with the project and can be justified to correspond with the scope of work

### 4. Agency Capacity and Experience (5 points)

(Suggested length = 1 page)

Describe your agency's history and successes in providing prevention/education interventions in King County, with particular reference to the sub-populations addressed in this proposal. Be specific about your agency's experience recruiting your proposed sub-population for prevention/education efforts.

#### **Criteria for Agency Capacity and Experience:**

- Proven experience and ability to provide interventions and reach sub- populations

### 5. Evaluation (10 points)

(Suggested length = 2 pages)

All programs are required to document their progress through proposed goals and objectives and the programs' outcomes. Appendix VII contains Evaluation Standards adopted by the Evaluation Committee of the HIV/AIDS Planning Council and Appendix VIII presents definitions of these terms. Funded programs are required to meet with the Evaluation Coordinator within the first three months of the contract to develop an evaluation plan consistent with funding levels and negotiated scope of work.

#### **A. Monitoring Progress (Process Evaluation)**

Describe how the program will show that it is doing what it has been contracted to do. Please include your plans for:

- Collecting data,
- Recording and maintaining data, and
- Using data for monitoring progress toward program goals.

**B. Monitoring Acceptability of the Program and/or Outcomes**

Describe:

- What you are measuring in terms of acceptability and/or outcomes
- How you will collect and maintain the data
- How these questions and data are responsive to Appendices III and VII

**C. For continuation or expansion programs only:**

Summarize the goals, methodology, and preliminary results of your 2002-03 evaluation.

Criteria for Evaluation:

- Ability and/or capacity to assess progress in achieving objectives and activities
- Capacity for incorporating an evaluation component into your program
- Responsiveness to Evaluation Guidelines as set out in Appendix VII.



## FORMS 4A and 4B – SCOPE OF WORK GRID and NARRATIVE

### INSTRUCTIONS FOR FORMS 4A and FORM 4B (5 points)

This Scope of Work represents a summary of information from Form 3 of the application and will form the basis of your contract if your proposal is funded. Together, the Scope of Work Grid and Narrative are worth 5 points.

#### **FORM 4A** *(Use as many copies of this form as needed.)*

##### **Service Units:**

Service units include a wide range of quantitative indicators that directly measure the number of specific activities to be performed. Service units relate directly to the type of intervention you are proposing (e.g., outreach contacts, HIV prevention materials distributed, HIV prevention workshops, community events). The grid is divided into Year 1 and Year 2. Indicate the name and number of service units you will provide in each year. Please note that Year 1 of the funding runs from January 1, 2004 to December 31, 2004, while Year 2 runs from January 1, 2005 to December 31, 2005.

##### **Column 1: Funded by This Request**

For each service unit, enter the number of units that you intend to provide with the funds you are requesting in this application. **This section must be filled out and should exclude all other funding sources for the program.**

##### **Column 2: Total Program**

For each service unit, enter the total number of units you will provide for the whole program. This column will reflect clients served by This Request as well as clients served by other funding, if you intend to use other funding to carry out this program. If the funds from this application will be your sole funding source, the numbers in Column 2 will be the same as those in Column 1.

#### **FORM 4B** *(Limit responses to a total of two (2) pages.)*

On Form 4B, provide a detailed definition for each of the service units you have listed in Form 4A (e.g., “outreach contacts” “HIV prevention materials distributed”, “HIV prevention workshops”, “community events”). The definition should illustrate what the service unit entails, who will provide it, to whom it will be provided, how many clients you expect to participate (if applicable), how frequently it will be provided (if applicable), and other relevant information. Also, for each service unit, describe the mechanisms and assumptions you used to estimate the number of service units proposed on Form 4A. Be as specific and thorough as possible.

## FORMS 5A and 5B - PROGRAM DEMOGRAPHICS

### Demographics

On Forms 5A and 5B, describe the ethnic and racial breakdown for the contacts you expect your program to provide in 2004 and 2005, respectively. These numbers **must** be consistent with the total number of contacts listed in your scope of work for 2004 and 2005 (Forms 4A and 4B). Please note that the number of contacts may be larger than the number of clients served. For example, a group-level intervention that provides a five-session curriculum to six groups of 10 people would record 300 contacts (5 x 6 x 10) for that service unit. The first table in each form shows demographics by ethnicity, the second table shows demographics by race. Each table is then broken down by age and gender, including transgender. All contacts must be counted in both the ethnicity and the race category. Therefore, the total in each column for ethnicity must equal the same number in each column for race. Also, the grand total in both tables must be the same.

### Unduplicated Clients

In the space provided, show the number of unduplicated clients your program will serve in 2004 and 2005 (bottom of Forms 5A and 5B, respectively). “Unduplicated clients” refers to all clients receiving services from the program regardless of how many contacts the clients have with the program or the individual types of services the clients may use within the overall program. For example, a client may use more than one of the service units you propose. S/he would be counted as multiple contacts for the demographic tables, but only as one client for the total unduplicated clients in program.

**BUDGET**  
**(Forms 6A and 6B, 7A and 7B, 8A and 8B)**

**INSTRUCTIONS FOR BUDGET FORMS (15 points)**

The following pages provide instructions for the Personnel Budget (Forms 6A and 6B), the Program Budget (Forms 7A and 7B), and the Budget Justification (Forms 8A and 8B). All of the information provided on these forms applies only to the program described in this RFP, not the whole agency. Fifteen (15) points are available in this category and they will be awarded on the overall presentation of the budget and budget justification.

**Note: Appendix IV contains minimum funding levels for each prioritized intervention for the 24-month funding period. Applicant budgets should match or exceed these funding levels. If you want to request an exception, please contact Karen Hartfield or Barb Gamble at 296-4649.**

**Note: This is a 24-month budget period (January 1, 2004 - December 31, 2005).**

**Criteria for Budget:**

This section will be rated according to the extent to which the budget is/has:

- **Realistic and appropriate** for the proposed program.
- Clear, with **adequate justification** for each line item in the budget.
- **Complete** and mathematically **correct**.
- Costs related to **direct provision** of services.
- **Coordinates with and utilizes other funding** to maximize support for the proposed activity.
- **Not supplanting existing funds**.
- Economically **reasonable** for the type and quantity of services proposed.

## FORMS 6A and 6B - BUDGET REQUEST - PERSONNEL

### INSTRUCTIONS for FORMS 6A and 6B

*Note: Forms 6A and 6B are available on disk in Microsoft Excel. The Excel version contains all necessary formulas to complete these forms. Subtotals and Totals will automatically be calculated for all rows and columns. However, please check your work. Adding and/or deleting lines may affect the formulas. If the formulas aren't changed, your budget calculations could be incorrect.*

**Form 6A must cover the calendar year 2004 (January 1 - December 31, 2004). Form 6B must cover calendar year 2005 (January 1 - December 31, 2005).** If you believe start-up delays are likely, reflect this in your request. Each item listed on the detail budget page will require a brief justification (see Forms 8A and 8B).

Remember: all of the information provided on these forms applies only to the program described in this RFP, not the whole agency.

**Work week:** Provide the actual number of hours your agency considers as constituting a full-time work week (e.g., 40 hours per week, 35 hours per week).

On the Personnel Budget Form, list all staff employed directly by the agency to provide services specified in this program. For each position, **even those that are part of this program but are fully funded by other sources**, complete the following:

**Column 1      Position Title:** Descriptive job title used by the agency (be precise) and last name of the actual staff person (if the position is currently filled).

**Column 2      Annual Base Salary:** Enter the salary based on full-time employment. If this is not a full-time position in your agency, project the salary to full-time. Calculate all COLA's and step increases into this amount.

### HOW TO CALCULATE FTES (FULL-TIME EQUIVALENTS)

FTE means full-time equivalent. You must calculate the FTE for each position listed in Column 1 using the following formulas:

1. Take the number of months for which the position will be filled during the contract year. Calculate these months as decimal equivalents of 12 months. If the position will be filled for the full year, this would equal 1.0. If a position will start halfway through the year, this would equal 0.5.
2. Using your agency's definition of what constitutes a full-time work week, calculate the percentage of time a staff person will work during the proposed funding period, e.g., full-time, half-time, three-quarter time, etc. Use decimal equivalents (e.g., full-time = 1.0, half-time = 0.5, etc.).
3. Multiply the percentage of time by the percentage of year to arrive at the Annual FTE. Examples: program coordinator is hired on April 1, 2004 and works half-time for the remainder of 2004: 0.5 time X 0.75 year = 0.375; outreach worker works half-time for all of 2005: 0.5 time X 1.0 year = 0.5 Annual FTE.

*Note: The Excel workbook contains a worksheet to help you calculate your FTEs.*

- Column 3**      **Funded by This Request (FTE):** Enter the portion of the position's Annual FTE that you propose to attribute to this funding source.
- Column 4**      **Funded by This Request (Salary):** Enter the dollar amount of the position's salary that you are requesting from this funding source. (This should equal the product of Column 2 times Column 3.)
- Column 5**      **Funded by Other Sources (FTE):** Enter the portion of the position's Annual FTE that you propose to attribute to other funding sources.
- Column 6**      **Funded by Other Sources (Salary):** Enter the dollar amount of the position's salary that you propose to attribute to other funding sources. (This should equal the product of Column 2 times Column 5.)
- Column 7**      **Total Program (FTE):** Enter the total FTE (sum of Column 3 and Column 5).
- Column 8**      **Total Program (Salary):** Enter the total salary for the position (sum of Column 4 and Column 6).

**For Subtotals and Totals, complete the following:**

- Line 11**              **Subtotal – Salaries:** Add all items in Columns 4, 6, and 8.
- Lines 12-13**      **Fringe Benefits @ \_\_\_\_\_%:** Show different rates of fringe benefits on separate lines (where different fringe rates apply). Please provide the exact percentage, carried to two decimal places (e.g., 21.00%, 23.46%, etc.).
- Line 14**              **TOTAL PERSONNEL – FTE's, SALARIES and FRINGE:** For FTE totals, add the decimal equivalents in Columns 3, 5, and 7 and place the totals in the appropriate boxes in Row 14. For salaries/fringe, add Subtotal – Salaries (Line 11) and Fringe (Lines 12 and 13) in Columns 4, 6, and 8 and place the totals in the appropriate boxes in Row 14.

## FORMS 7A and 7B - BUDGET REQUEST - PROGRAM

### INSTRUCTIONS FOR FORMS 7A and 7B

*Note: The Excel spreadsheets contain all formulas necessary to complete these forms. Subtotals and totals will automatically be calculated. However, please check your work. Adding and/or deleting lines may affect the formulas. If the formulas aren't changed, your budget calculations could be incorrect.*

**Form 7A must reflect calendar year 2004 (January 1 - December 31, 2004). Form 7B must cover calendar year 2005 (January 1 - December 31, 2005).** The detail budget should include all expenditures for the proposed program, including expenses supported by other funding sources. If you anticipate delays in starting up the program, adjust the budget request and funding period to reflect the actual start date.

For each line item, enter the amount requested in Column 4 that is directly attributable to this program based on the amount you are requesting in this proposal. In Column 6, enter the amount of funds provided from other sources that support this line item for this program. Column 8 should be the total of Columns 4 and 6.

Remember: all of the information provided on these forms applies only to the program described in this RFP, not the whole agency.

**1. DIRECT/OPERATING EXPENSES:** A direct expense is any cost that can be specifically identified with a particular project or program. Direct costs include, but are not limited to, salaries, travel, equipment and supplies, which directly benefit the project or activity and are not considered administrative expenses (see instructions for Administrative Expenses/Indirect Costs).

- Line 1     Total Personnel:** Move forward the total dollar amounts from Form 6A/B, Line 14, Columns 4 and 6 to the corresponding columns on this page. Add Columns 4 and 6 and enter the total in Column 8.
- Line 2     Travel/Mileage:** Costs of program-related travel (including local travel) for staff or volunteers. Travel services for clients, such as transportation vouchers, should be specified in *Other Direct Expenses*. Please be sure that your agency is up-to-date on IRS mileage reimbursement rates.
- Line 3     Equipment:** The purchase or rental/lease of small equipment valued at under \$1,000. According to Public Health Service (PHS) guidelines and the King County contract, for items of equipment having a unit acquisition cost of \$1,000 or more, PHS or King County have the right to require transfer of the equipment, including title, to the Federal Government, King County, or to an eligible third party. Equipment maintenance should be listed under "Other Expenses".
- Line 4     Supplies:** Cost of office supplies (pens, pencils, paper, paper clips, etc.) to be used specifically in relation to this program.

### OTHER DIRECT EXPENSES

**Telecommunications:** Costs of equipment and use (local and long distance) of telephone, including data, pager and fax communications.

**Printing/Duplicating:** Cost of maintaining a copier on site and/or printing and duplicating by an outside vendor. General copying costs should be prorated among multiple programs, if any.

**Mail/Postage:** Cost of mailing or otherwise sending documents.

**Educational Materials:** In addition to specific educational materials for distribution, materials may include: (1) educational materials used to train staff or personnel involved in delivery of the program or to impart specific program-related skills; (2) marketing materials used to provide outreach for and access to the program for targeted populations. Please be specific. Attach a separate sheet if necessary. Costs for latex products should be close to the following guidelines: condoms @ \$0.075 each, latex gloves @ \$0.09 each, and dental dams @ \$0.12 each. Please be sure to describe these items in the Budget Narrative Form.

**Other:** Individually list other specific expenses directly attributable to this program, e.g., interpreter services, client incentives, client transportation vouchers, computer support, media campaign, etc. (Attach a separate sheet if needed to list and describe additional expenses.)

**Line 5 TOTAL DIRECT/OPERATING EXPENSES:** The sum of all of the above direct/operating expenses (lines 1-4 and all other direct expenses).

## 2. ADMINISTRATIVE EXPENSES/INDIRECT COSTS

If you wish to claim either administrative or indirect expenses for funding from this request, complete Section 2A (Administrative Expenses) or 2B (Indirect Costs). You may claim one or the other, but not both. Even if you are not requesting administrative or indirect costs from this funding proposal, it is important to show these costs from other funds in Column 8. For agencies with negotiated indirect cost rates, your request for indirect cost is still limited to 15%, regardless of the federally negotiated rate.

An administrative expense is any cost incurred by an organization for common or joint objectives and cannot be identified specifically with a particular project or program. All costs must be reasonable and necessary. Examples include the following: agency audit, rent, insurance, utilities, and general administrative support. Any item claimed as an Administrative Expense cannot be claimed as a direct expense in another funding source. Expenses should be treated appropriately and consistently across funding sources. In Forms 8A and 8B, provide a narrative explanation of what your program/agency considers to be administrative expenses. **Administrative Expenses may not exceed 15% of direct expenses.**

Specify each of the items for which you are claiming administrative expenses. You may add more lines, if necessary, on a separate sheet. If you have a document listing your administrative cost pool, and this is the basis for the administrative funds you are requesting under this application, please attach that in lieu of listing each item in Forms 7A and 7B.

**Line 6 TOTAL ADMINISTRATIVE EXPENSES:** The sum of all of the lines on which you have itemized Administrative Expenses.

**Line 7 TOTAL INDIRECT COSTS:** To be completed only by those agencies that have a federally negotiated indirect rate. Please provide that rate in the space provided.

**3. SUBCONTRACTUAL EXPENSES:** Cost of agreements between the agency and other parties, including contracts for ongoing staff, consultation and purchased services. (For example, the ongoing use of a group facilitator employed by another agency.) Costs associated with one-time or infrequent contracts should be itemized under Direct/Operating Expenses (e.g., the hiring of a graphic artist to design a specific brochure, hiring of interpreters for specific events/programs).

**Name Of Subcontracting Agency:** Provide the complete name of the organization/agency with which you propose to enter into contract (i.e., Central Area Mental Health Center, rather than CAMHC.)

Attach a separate sheet if needed to list additional subcontracts.

**Lines 8 - 14** See instructions for each of these categorical items as outlined in Section I above. On Form 8A and B (Budget Narrative), provide a categorical budget and narrative justification with the same level of detail described above for each subcontract.

**Line 15 TOTAL SUBCONTRACTUAL EXPENSES:** The sum of all of the lines on which you have itemized Sub-contractual Expenses.

#### **4. TOTAL PROGRAM EXPENSES:**

**Line 16 TOTAL PROGRAM EXPENSES:** The sum of the three separate categories of potential program expenses (Total Direct/Operating Expenses (line 5); Total Administrative Expenses (line 6) or Indirect Costs (line 7); and Total Sub-contractual Expenses (line 15). Column 4 should be the total amount of your request; Column 6, the total of other funds supporting the program; and Column 8, the total program budget (sum of Columns 4 and 6).



## FORMS 8A and 8B - PROGRAM BUDGET JUSTIFICATION (NARRATIVE)

### INSTRUCTIONS FOR FORMS 8A and 8B

**Form 8A must reflect calendar year 2004 (January 1 - December 31, 2004). Form 8B must cover calendar year 2005 (January 1 - December 31, 2005).** For each line item listed with a dollar figure (except totals) in Column 4 on Forms 7A and 7B, provide a brief narrative detailing how the item relates to the proposed service, is a reasonable cost and the methodology used to determine the specific cost. If other funds are used to support the program, indicate whether those revenues are committed or estimated.

**Personnel:** Provide the title of each position and brief description of the duties and responsibilities of the position in relation to the services outlined in this proposal.

**Fringe:** Provide a breakdown of the components that constitute the fringe benefits rate (e.g., medical, dental, workers compensation, payroll taxes).

**Travel:** Explain the travel that is anticipated during the budget/contract period. Be specific as to who is traveling, for what purpose, and where they are traveling. Explain how mileage and other travel components were determined. Travel must be directly beneficial in accomplishing program goals and objectives. Include the rate at which you reimburse employees/volunteers for mileage (e.g., 30 cents per mile). Please note that the Internal Revenue Service determines mileage reimbursement rates; amounts exceeding those determinations are considered taxable income. For the purposes of funds requested under this RFP, the mileage rate cannot exceed that standard (currently at \$0.36/mile).

**Equipment:** List the items of equipment to be purchased and the purchase price. Explain why the equipment is necessary and who will use the equipment. A purchase versus lease analysis should be done for large dollar items. This line item does not include equipment maintenance; please list maintenance under "Other."

**Supplies:** Provide a general description of the types of items classified as supplies. Computer software should be included in this category.

**Other Direct Expenses:** This category should include items such as telecommunications, printing or duplicating, mail and postage costs, educational materials, equipment maintenance, and computer support. An amount and description must be provided for each cost item identified in this category. Provide a general description of the types of items classified as educational materials.

**Administrative Expenses or Indirect Costs:** Specifically identify each line item component claimed as part of Total Administrative Expenses. Provide an estimate of cost by line item. Describe the methodology used to determine the expense and to allocate it to this program. For example, describe how your agency decides to prorate rent by square footage costs and FTEs. If your agency has a federally negotiated indirect cost rate, you do not need to line item, but must provide a copy of the agreement.

**Subcontract:** Briefly describe who the subcontractor is, what service they are providing, at what cost, and why. Include the number of hours worked per week if applicable.

## FORM 9 - APPLICANT AGENCY- FINANCIAL INFORMATION

### INSTRUCTIONS FOR FORM 9 (10 points)

The applicant agency should complete Form 9 only once and attach a copy to each program application.

*Note: Form 9 is available on disk in both Microsoft Excel and Microsoft Word. Pages 1 and 2 are in Excel; pages 3 and 4 are in Word. The Excel files contain all formulas necessary to complete the form. Totals will automatically be calculated. Be sure to check your work even when using the Excel files.*

The information required on this form applies to the entire applicant agency, not just HIV/AIDS-related programs. You may complete all financial information based on your agency's fiscal year. In the space at the top of the form, please enter your agency's name and indicate the agency fiscal year. Also note whether or not your accounting system is cash or accrual.

Complete 2003 information based on known revenues and estimated expenditures. For 2004, use projected revenues and expenditures, **including the amount of this request**. The fiscal years used must be the same throughout Form 9.

#### Criteria for Agency Financial Information:

Points in this category will be awarded based on how well the proposal indicates the applicant agency demonstrates:

- **Management capability and organizational infrastructure** to implement the proposed program(s).
- Experience and/or potential in **leveraging other funds**.
- Past ability to **manage financial resources efficiently and effectively**.
- **Financial and agency stability** and adequate cash flow.
- **Submission of the most recent A-133 audit and financial statements (or comparable documents, if an audit is not required).**
- **Demonstrated fiscal and administrative procedures in place.**

1. **Annual Operating Budget:** Figures must correspond to audit and/or financial statements.

**END DATE OF FISCAL YEAR:** Enter the actual end dates (day/month/year) of your last completed fiscal year, current fiscal year and next fiscal year.

**TOTAL INCOME:** All dollars coming into the agency including contributions, both individual and in-kind, special events, grants, and revenues (e.g., interest income, program service fees.).

**TOTAL EXPENDITURES:** Total agency expenses, including both direct program expenditures and expenditures for supporting services such as administration.

**EXCESS (DEFICIT):** Total Income minus Total Expenditures.

**BEGINNING CASH BALANCE:** Total cash and cash equivalents available at the beginning of the fiscal year(s).

**2. Annual Operating Budget Explanation (Narrative):**

Explain any excess/deficit of income, over expenditures, or significant changes in cash balance for each of the years listed in Part 1, and any other issues pertinent to your operating budget.

**3. Revenue Budget (For the applicant agency, not the fiscal agent):**

List all income sources, including Prevention/Education funds for your last completed, current, and projected next fiscal year. Include Prevention/Education funds under "Public Funding Sources." Income totals for all three years should match the figures in Part 1. If there is income pending for the next fiscal year, i.e., a grant award that will not be announced until November, please make a note of it in Part 4 (Revenue Budget Explanation). **Please list separately (by fund source name) all income sources over \$10,000, e.g., Robert Wood Johnson Foundation, NIDA, fees, third party reimbursement, special events, program service fees, etc.**

In the final column (Status (A or P)), characterize your funding for your next fiscal year as either "Approved" (A) or "Pending" (P). Funding which you characterize as approved is that funding which is awarded and/or reasonably guaranteed. Pending funding includes all funding for which you have not received an award letter or confirmation of funding.

**4. Revenue Budget Explanation (Narrative):**

If income projections by revenue source are significantly different between the current fiscal year and next fiscal year, please state reasons for the difference(s).

For all revenue budget line items, please explain when you expect to be notified of this funding and whether you would characterize this funding source as stable (funding sources that are relatively consistent from year to year) or time-limited (such as one-time grants or contracts).

For Program Service Fees, describe which programs are involved **and** the criteria used for fee collection (e.g., sliding scale, donation).

**5. Diversified Funding Base (Narrative):**

Describe what your agency did to diversify its funding base in 2003, and what you plan to do in 2004 and beyond. Explain any difficulties you encountered in attempting diversification. Attach an additional sheet, if necessary.

**6. Audit and Financial Statement Requirements:**

Note: All agencies that have received funding from King County in the past are required to have audits completed for years in which they were funded. Applicants are required to submit the documents noted below with their proposal(s). **YOU NEED TO PROVIDE ONLY ONE COPY OF YOUR AUDIT MATERIALS EVEN IF YOU ARE SUBMITTING MULTIPLE PROPOSALS.**

- a. A single copy of the most recent agency audit conducted by an independent auditor. This should include audit information related to the agency's financial statements and condition. The audit should be current and cover Fiscal Years ended in 2002. Include all of the financial statements (e.g., statements of financial position, activities, changes in net assets, cash flows, functional expenses, etc.). Include all reports, findings, management letters, and the agency's response to any findings.
- b. OMB A-133 Audit Reports, if applicable. If your agency expended \$300,000 or more in federal funds (from all sources) in your most recent fiscal year, you must submit a copy of the A-133 audit. Include all reports, findings, management letters, and the agency's response to any findings. The only applicants who are exempt from this requirement are those who do not have 501(c)(3) status and rely solely on a fiscal agent (see below) to maintain fiscal records for all agency activities and have never had an audit completed.

If your agency has no audited financial statements, contact Linda Coomas in writing at the HIV/AIDS Program, 400 Yesler Way, 3<sup>rd</sup> Floor, Seattle, WA 98104 (Fax allowable) or by e-mail at

linda.coomas@metrokc.gov for guidance about the audit requirement. Prior approval must be obtained to submit documents other than those specified.

**7. Fiscal Agent Information:**

Provide the information required if your agency will use a fiscal agent throughout the RFP budget period.

NOTE: The fiscal agent is not your agency's financial officer. The information requested is for applicants that will use another agency to conduct financial transactions related to any awards made under this RFP.

Submit a copy of your fiscal agent's audited financial statements, OMB A-133 reports and 501(c)(3) certificate (if applicable), as outlined in application guidance 6a and 6b (above).

**8. Fiscal/Administrative Procedures Checklist**

Answer each of the questions posed on this form by checking the appropriate response. Provide a narrative justification if you answered "yes" to Questions 2, 3 or 5.